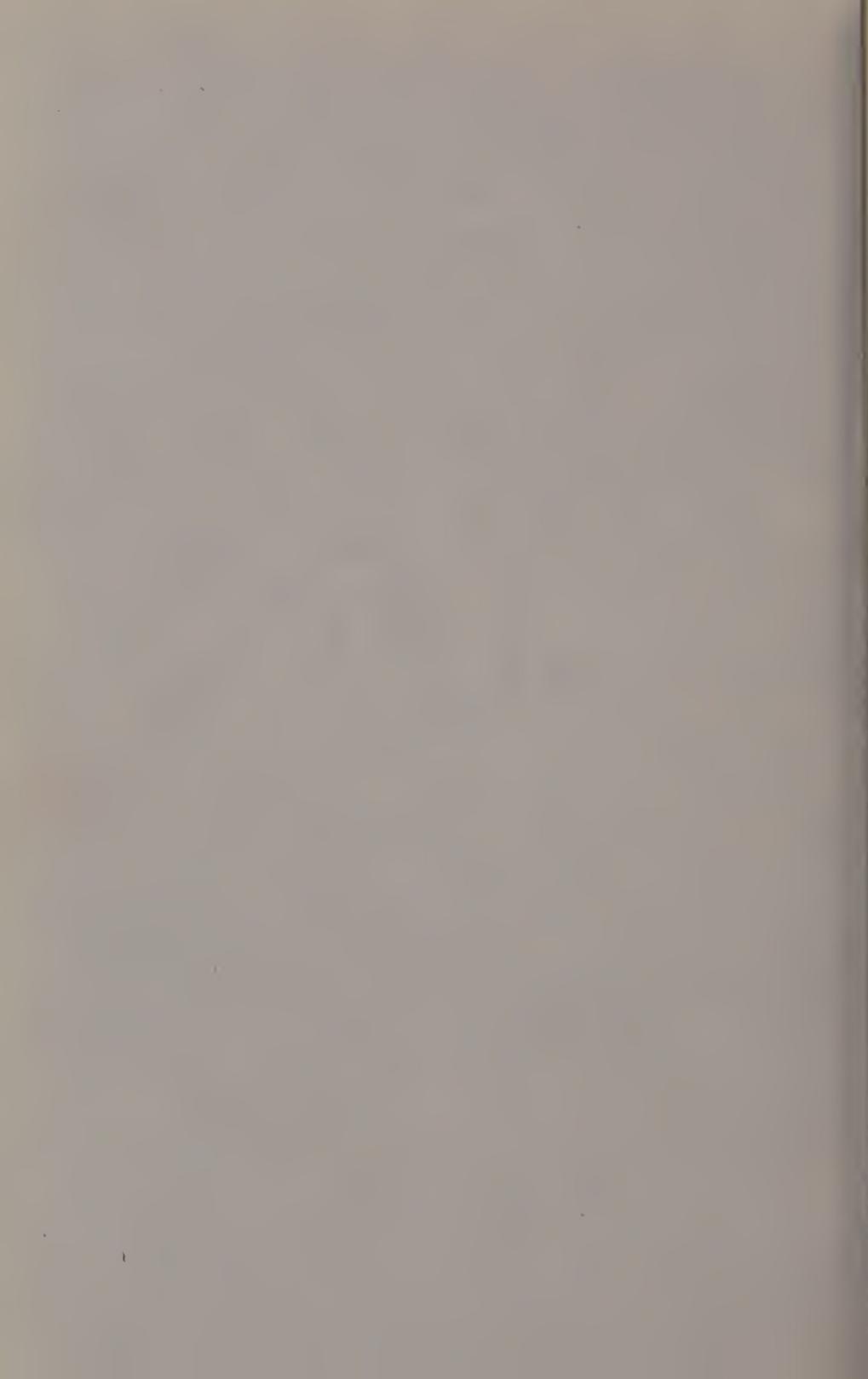


Nov. 14

Highlights
of
HEALTH AND MEDICAL CARE
Niagara County, New York



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A Summary of
Resources and Needs
for Health and Medical Care
in Niagara County, New York

Study made by
New York State Health Preparedness Commission
in cooperation with
Local Health Preparedness Committees in Niagara County

1944

PURPOSE

This pamphlet is a summary of a more comprehensive report, 1/ the purpose of which is to make suggestions on the basis of fact, for improving the health and medical care facilities and services of Niagara County; to assist the New York State Health Preparedness Commission in familiarizing itself with these services and facilities; and to give the Commission an understanding of the problems and needs in the County.

BACKGROUND

Niagara County, covering 533 square miles in north-western New York State, is predominantly industrial and has an estimated population of 176,800, almost entirely white and one-fifth foreign-born. Three of every four persons live in the cities of Lockport, Niagara Falls and North Tonawanda, each city differing vastly from the others in cultural, industrial, financial, civil, public health and medical care characteristics. Niagara Falls, with an estimated population of 89,100 has grown rapidly. At the time of the Japanese attack on Pearl Harbor many of the industries had already converted to war manufacture. The concurrent influx of war workers caused housing shortages, overtaxing of transportation facilities, severe loads on sanitary installations, high wages, augmented demands for goods and services, crowded hospitals and increased demands for medical care. Although there has been no alarming rise in the incidence of illness, including communicable disease, there is an acute, Countywide shortage of nurses, dentists and hospital beds and a shortage of physicians in North Tonawanda. Since no extensive exodus of the newcomers is anticipated at the end of the war, the County, and especially Niagara Falls, will undoubtedly have to plan its facilities and services for a population greater than that of the prewar period.

FACILITIES

The County depends upon local services for medical care, using Buffalo and Rochester only for specialized services not locally available. The four general hospitals, now overcrowded and basing admissions on medical urgency,

have a total of 3.1 beds per 1,000 population as compared with five or more beds per thousand considered requisite for adequate, prompt service. When the 61 new beds in North Tonawanda and the 100 in Niagara Falls which have never been opened due to the nursing shortage are put to use, there will be 4.0 beds per 1,000 residents. The greatest bed shortage is, and will continue to be, in Lockport where the City Hospital serves a large part of the Rural County population in addition to the City residents. Furthermore, Lockport neither allocates nor plans to reserve a modest number of beds for communicable disease cases. Since a large proportion of all the general hospital admissions are hospitalization insurance, compensation and Emergency Maternity and Infant Care cases, the postwar admission rate will not decrease markedly unless there is widespread unemployment. The County Home Infirmary, although not an approved hospital, is frequently used for general hospital and minor surgery service for medically indigent cases. The Niagara Sanatorium, providing excellent care for the tuberculous, and the Niagara Falls Municipal Hospital, caring for communicable disease cases, are admitting all appropriate cases promptly and yet are operating below capacity.

Approved laboratory service, so essential to the practice of scientific medicine, is available in Lockport and Niagara Falls while North Tonawanda uses the service in Buffalo, usually on a fee basis. However, approval would not be granted to these local laboratories if it were sought today since both are under the direction of the same part-time physician, who simultaneously is engaged in the clinical practice of medicine, and laboratories seeking approval today are not certified unless they have a full-time director.

As the population is aging the demand for institutional care for the infirm and chronically ill is increasing. The general hospitals for the most part refuse to admit such cases; the seven nursing homes, reputed to be operating at capacity, are available only to patients able to pay \$18 to \$25 per week; and the County Home Infirmary is overcrowded. To meet this situation the County plans to add a net of 50 beds to its Infirmary and Niagara Falls contemplates building a new 100 bed Municipal Hospital after the war. The latter will admit chronic, communicable disease and some acutely ill, medically indigent cases.

SERVICES

Medical and dental care is provided by physicians and dentists in private practice and the hospitals. The departments of public welfare pay for service to the medically indigent and the federal government for Emergency Maternity and Infant Care cases. All others pay for service either personally or through insurance. Although the quality of care to the medically indigent is reputed to be satisfactory and the service is administratively and financially acceptable to the departments of public welfare, the medical personnel feel that the fees are too low, the administrative details confusing and the eligibility requirements not sufficiently liberal. Some local consensus indicates that many individuals who are medically indigent, but not on relief, are reluctant to apply for assistance for medical care only because they dislike being regarded as public charges.

The official public health service is provided by the health departments in the cities and by local public health officers and public health nurses in the Rural County under the general supervision and with the technical assistance of the State Department of Health. The school medical inspection program, conducted by physicians, school nurses and dental hygienists, is sponsored by the city boards of education and Trustees of the Rural School Districts under the general supervision of the State Department of Education. In the Rural County the County public health nurses are responsible for the school nursing service, in addition to their other duties.

The public health program tends to concentrate on the control of communicable disease, proper sanitation and health education. A number of different types of clinics are located in Niagara Falls while Lockport finances locally only periodic immunization and weekly venereal disease clinics. Occasional immunization clinics in the Rural County are conducted by the local health officers. Although Niagara Falls and the Rural County are making a sincere effort to build up adequate public health nursing staffs, the number of such nurses now in Lockport and North Tonawanda are insufficient to provide adequate service. Some persons conclude that the amalgamation of the public health and school nursing programs at their present strength would be more economical, conserve manpower, eliminate the necessity of having both types of nurses visiting the same family and provide more adequate service in all sections of the County. On the other hand, some local school officials are apprehensive that such a consolidation would tend to subordinate the school nursing in the total program and

render the nurses unavailable for determining the necessity of absences from the classroom, when such absences are purportedly due to illness.

EXPENDITURES

In 1942 Niagara County, its minor civil divisions and schools had a gross public expenditure of \$13,154,785 for all purposes, \$76.81 for every man, woman and child in the County. Approximately \$.04 of each tax dollar was spent for health and medical care - 3/4 of a cent for official public health services, 2 $\frac{1}{4}$ cents for the Niagara Sanatorium, 1/3 of a cent for the school medical inspection program and 4/5 of a cent for care of the medically indigent, exclusive of care in the County Home Infirmary.

EFFECTIVENESS OF SERVICES

The birth rate of the County is greater and the death rate less than that for Upstate New York. However, the birth rates for Lockport and the Rural County are less and the death rates greater than in Niagara Falls and North Tonawanda, due to the larger than normal number of elderly persons in the former communities. Two of every three deaths in the County are caused by diseases usually associated with the older age group. Infant mortality rates are higher in the Rural County and Niagara Falls than in Lockport and North Tonawanda. Vaccinations for smallpox are either spasmodic or are not reported. The per cent of children under five immunized against diphtheria is satisfactory, except for recent decreases in Lockport and the Rural County. In the last five years the incidence of chicken pox, measles, scarlet fever and whooping cough have ranged from few to epidemic proportions; the number of diphtheria and typhoid cases have been almost negligible; until the summer of 1944 poliomyelitis cases were few; there has been no smallpox; the annual number of pneumonia, cancer and tuberculosis cases have remained relatively constant. Except for the "early syphilis" cases in Niagara Falls, the increase in the reported number of syphilis cases is due more to the reporting of cases discovered through examinations by Selective Service and the medical departments of industries than to an actual increase of incidence.

On the whole, the water and sewage sanitation is satisfactory and will be improved with the postwar construction of an emergency pumping station and the extension of the water

distribution and trunk sewer systems of Lockport and the remodeling of the sewage treatment plant at Wilson. Further improvement could be attained by the installation of a sewage treatment plant and reserve water storage facility at North Tonawanda and the construction of sewer systems and sewage disposal plants at Olcott and Lewiston. The sanitary conditions in a number of country elementary schools are unsatisfactory and should be remedied. In general, the milk sanitation is satisfactory although the control of the quality of raw milk sold directly at the farms could be improved. The size of Niagara County and the public interest warrant the employment of a County Milk Sanitarian to assume some of the duties now performed by the District State Milk Sanitarian. In the three cities the housing sanitation and overcrowding have not elicited the official attention they deserve.

The number of defects per 1,000 pupils examined in the school medical inspections ranged from 198 at Youngstown to 750 in Niagara Falls and 847 at Newfane. All the schools, except those at Newfane and Wilson, were below the number of defects per 1,000 examinations found in the State as a whole. Four of every five defects found were those of teeth, eyes and tonsils. Defects were extensively corrected in Lockport, Newfane, Niagara Falls, Wilson and Gasport, while only one-half or less were corrected in the other schools of the County.

SUGGESTIONS

The following suggestions for the improvement of health and medical care facilities and services in the County are listed by specific local areas so that each might readily consider those applicable to itself. Suggestions for revising or consolidating services sponsored or supervised by State departments have been made only when such changes conform with the policy of the department involved, for these suggestions can be effected within the County itself without waiting for prior action on the State level. It is hoped that any groups contemplating remedial action based on these suggestions will first read the more comprehensive report 1 and will enlist the assistance of the local official and voluntary agencies and organizations interested in the health of the County.

1/ HEALTH AND MEDICAL CARE IN NIAGARA COUNTY, NEW YORK, New York State Health Preparedness Commission, 1944.

The County As A Whole

1. Ascertain whether both the contemplated extension of the County Home Infirmary and the planned, new Niagara Falls Municipal Hospital are needed to meet the anticipated demands for institutional care of the chronically ill.
2. Consider the medical expediency and feasibility of constructing the proposed extension of the County Home Infirmary as a wing of an already established, approved general hospital.
3. Consider using one entire building of the Niagara Sanatorium for hospitalization of other than tuberculosis cases if the occupancy rate of the Sanatorium decreases steadily in the several years following the war. However if a conversion is effected, the building should not be subjected to a double authority, i.e. the Sanatorium management and another official County agency or department.
4. Discontinue the practice of providing general hospital care and minor surgery service in the County Home Infirmary.
5. Establish an Approved County Laboratory (a) having branches in Lockport, Niagara Falls and North Tonawanda, (b) having a full-time director, and (c) financed by the County Government with State aid.
6. Formulate a Niagara County Medical Care Plan for the care of the medically indigent that will be administered uniformly by the County Department of Public Welfare and the departments of public welfare in each of the three cities

or

- formulate separate medical care plans for each of these four departments, incorporating in each plan identical, detailed rate structures and reporting forms for use of the practitioners and hospitals.
7. Encourage mass chest x-ray examinations among adult groups especially industrial groups.
 8. Encourage the reporting of smallpox vaccinations done by practicing physicians, rural health officers and the medical departments of industries. (This does not apply to Niagara Falls where reporting is mandatory by State law.)

9. Encourage the practice of additional dentists in the County
10. Consider the employment of a full-time, qualified milk sanitarian, paid by the County Government with State aid, to serve all sections of the County, especially the areas outside the cities.

Lockport City

1. Consider increasing the bed capacity for acutely ill patient at the Lockport City Hospital and reserving some beds for communicable disease cases.
2. Increase the number of public health nurses markedly.
3. Inaugurate a home bedside nursing service as a part of the City's official public health nursing service.
4. Stimulate women and men to serve as Nurses Aides in the Lockport City Hospital.
5. Establish child health clinics and nurse-parent conferences
6. Plan an effective means of securing a greater per cent of diphtheria immunizations among children under five years of age.
7. Ascertain the reason for the low rate of defects per 1,000 pupils examined in the school medical inspections and take steps to remedy this situation.
8. Schedule the Venereal Disease Clinic at an hour more suitable to patients employed during the daytime.
9. Promote a more vigorous inspection and prosecution of infractions of municipal ordinances relative to plumbing, housing and overcrowding and, if such ordinances are inadequate, sponsor local remedial legislation.
10. Intensify and coordinate the health education programs now sponsored by the various local organizations.
11. Coordinate the services of the City Health Department and the medical departments of local industries.

Niagara Falls City

1. Ascertain whether or not the contemplated construction of the new Niagara Falls Municipal Hospital is necessary for the institutional care of chronically ill patients if the planned extension of the County Home Infirmary is consummated.
2. If the decision is made to build a new Municipal Hospital, consider the feasibility and medical expediency of building this structure as a wing of an already established, approved general hospital in the City.
3. Increase the number of public health nurses.
4. Stimulate women and men to serve as Nurses Aides in the hospitals within the City.
5. Consolidate the home bedside nursing service of the Niagara Falls Chapter of the American Red Cross with the City Bureau of Health.
6. Ascertain the reason for the low percentage of eye defects found in the school medical inspections and, if indicated, take steps to remedy this situation; and promote a program for increasing the number of dental defects treated.
7. Determine the cause for the infant mortality rate being higher in the City than in Lockport and North Tonawanda and take steps to lower it.
8. Promote a more vigorous inspection and prosecution of infractions of municipal ordinances relative to housing and overcrowding and, if ordinances relative thereto are inadequate, sponsor local remedial legislation.
9. Consider the employment of a full-time health educator by the City Bureau of Health who will intensify and coordinate the health education programs now carried on in the City by the various organizations.
10. Coordinate the services of the Bureau of Health more closely with the medical departments of local industries.

North Tonawanda City

1. Promote plans for the postwar construction of a sewage treatment plant and a reserve water facility.
2. Increase the number of public health nurses markedly.
3. Inaugurate a home bedside nursing service as a part of the City's official public health nursing service.
4. Stimulate women and men to serve as Nurses Aides in the DeGraff Memorial Hospital.
5. Increase the number or frequency of meeting of child health clinics conducted by physicians.
6. Ascertain the reason for the low rate of defects found per 1,000 pupils in the school medical inspection program and, if indicated, take steps to remedy this situation; and promote a plan for increasing the number of defects treated, especially those of teeth and tonsils.
7. Schedule the Venereal Disease Clinic at an hour more suitable to patients employed in the daytime.
8. Promote a more vigorous inspection and prosecution of infractions of municipal ordinances relative to plumbing, housing and overcrowding and, if ordinances thereto are inadequate, sponsor local remedial legislation.
9. Intensify and coordinate the health education programs now carried on in the City by the various organizations.
10. Coordinate the services of the City Health Department and the medical departments of local industries.

The County Outside the Three Cities

1. Promote plans for the postwar construction of a sewer system and sewage disposal plant at Olcott and Lewiston.
2. Finance the County share of the salaries of the public health nurses with County Government funds instead of continuing the present method by which, under an informal agreement, the local share is paid by the several towns and the County Tuberculosis and Public Health Association.

3. Increase the number of public health nurses.
4. Increase the volume of home bedside nursing service done as a part of the public health nursing program.
5. (a) Determine the reason for the abnormally low rate of defects found in the school medical examinations at Barker, Gasport, Lewiston, Middleport and Youngstown and in School Districts I and II, and take steps to remedy this situation.
(b) Ascertain the reason for the varying proportion of eye defects found among the total defects in the village and rural schools and, if due to a varying quality of examinations, promote improvement in such examinations.
(c) Determine the reason for the disproportionate number of nutrition defects found in Lewiston.
(d) Consummate a greater per cent of treatment of defects in Barker, Lewiston, Middleport, Youngstown and in School Districts I and III, with special attention to dental defects in Barker, Lewiston and Middleport, to eye defects in Barker and to tonsil defects in Youngstown.
6. Determine the cause of the infant mortality rate being higher in the Rural County than in Lockport and North Tonawanda and take steps to lower it.
7. Plan an effective means of securing a greater per cent of diphtheria immunizations among children under five years of age.
8. Improve the general sanitary conditions in the country elementary schools.
9. Intensify and coordinate the health education programs now promoted by various organizations.

